

## MAA and Basic Health Benefit Comparison for Non-Citizen Transition Group

This is a list of services/benefits the transition group were eligible for while on DSHS Medical Assistance. The Basic Health column notes whether this service is covered by Basic Health and limitations if any.

--As of June 2002

DSHS Medical Assistance Benefits	Basic Health (BH) Benefits
Adult day health	No
Advanced RN practitioner services	Yes
Ambulance/ground and air	Yes
Anesthesia services	Yes
Audiology	Yes, when included as part of a preventative care visit.
Blood/blood administration	Yes
Case management – maternity Limited Coverage	Yes, when determined not eligible for DSHS Maternity Care and when the health plan determines case management is necessary.
Chiropractic care (only for Early Periodic Screening & Diagnostic Testing—EPSDT)	Limited Coverage. BH covers physical therapy and chiropractic services for a maximum of 6 visits annually. Must be surgery-related.
Dental services	The 2002 Legislature appropriated \$3 million for dental and interpreter services to HCA/CHS to assist this population. For details and where to access services, go to <link>
Dentures only	No
Detox, alcohol (3 days)	Yes
Drugs and supplies, prescription	Yes
Early Periodic Screening & Diagnostic Testing for children (EPSDT)	No
Elective surgery	No. Elective sterilization is a covered benefit.
Emergency room services	Yes
Emergency surgery	Yes
Eyeglasses and exams	No. Eye exams are done as part of a preventive care visit.
Family planning services	Yes
Hearing aid	No
Home health services	Yes
Hospice	Yes
Inpatient hospital care	Yes
Interpreter services	Interpreter services will be provided at the community clinics as needed for access to services.
Maternity support services	Yes, when determined not eligible for DSHS Maternity Care and when the health plan determines necessary.
Medical equipment	Limited Coverage. Health plan may cover with prior approval based on cost/benefit analysis.
Neurodevelopmental centers	No
Nursing facility services	Yes
Nutrition therapy (EPSDT only)	No
Optometry	No
Organ transplants	Limited Coverage. Must be enrolled in BH for 12 consecutive months before service is covered unless a newborn or if condition is contracted while enrolled in BH.
Orthodontia (limited coverage)	No
Outpatient hospital care	Yes
Oxygen/respiratory therapy	Yes
Pain management (chronic)	Yes. May be covered by BH health plan as a cost containment mechanism
Physical/occupational/speech therapy	Limited physical therapy (see Physical medicine and rehab)

<b>DSHS Medical Assistance Benefits</b>	<b>Basic Health (BH) Benefits</b>
Physical medicine and rehab	BH covers Physical Therapy and Chiropractic services for a maximum of 6 visits annually. Must be surgery-related.
Physician services	Yes
Podiatry services	No
Private duty nursing (limited coverage)	No
Prosthetic Devices and mobility aids	Limited Coverage. Health plan may cover with prior approval based on cost/benefit analysis.
Inpatient mental health	Yes. BH covers up to 10 days of inpatient care.
Outpatient mental health. (Up to 12 visits per calendar year. In addition, clients have access to mental health services provided by RSNs.)	Yes. Up to 12 visits per calendar year.
School medical services	No
Substance abuse/outpatient (detox drugs). Cover up to 5 days for detox substance abuse.	Yes. BH covers up to \$5000 in a 24-consecutive month period or a \$10,000 lifetime maximum.
Total enteral/parenteral nutrition	No. Health plan may cover with prior approval
Transportation other than ambulance	No
X-ray and lab services	Yes